

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 07/158,2705 | FILING D
APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.				
1	/				51			
2	/				52			
3	/				53			
4					54			
5					55			
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42					92			
43					93			
44					94			
45					95			
46					96			
47					97			
48					98			
49					99			
50					100			
TOTAL IND.	/				TOTAL IND.			
TOTAL DEP.	2				TOTAL DEP.			
TOTAL CLAIMS	2				TOTAL CLAIMS			